FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CCRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

SUN QUEST REAL ESTATE INCORPORATED

DOCUMENT # K51297

1. Corporation Name

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90014 063 ***150.00 04-25-1999 90014 064 *****8.75



| Principal Place of Business | | | Mailing Address | | | | | | |
|--|--|--------------------------|-----------------|-----------------|--------|--|---|--|--|
| 3195 S. MCCA | | | 5 S. MCCALL RD. | | | | | | |
| ENGLEWOOD FL 34224 | | ENGLEWOOD FL 34224 US | | | | | DO NOT WRITE IN THIS SPACE | | |
| US | | 03 | | | | | 3. Date Incorporated or Qualifed 12/14/1988 | | |
| 2. Principal P | Place of Business | 2a. | Mailing Address | | _ | | 4. FEI Number App ied For | | |
| 21 | | 26 | | | | | 65-0090344 Not Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional | | | |
| 22 | | 27 | | | | | 5. Certificate of Status Desired Fee Required | | |
| City & S ate | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 | | | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | | Zip | | intry | | 8. This corporation owes the current year Intangible | | |
| 24 | 25 | 29 | | 30 | | | Personal Property Tax. | | |
| | 9. Name and Address of Currer | it Regist | tered Agent | | 81 | Nome | 10. Name and Address of New Registered Agent | | |
| | DERQUIST, CHARLES | | | | 82 | Name Street Acc | ress (P.O. Box Number is Not Acceptable) | | |
| 3195 S MCCALL ROAD ENGLEWOOD FL 34224 | | | | | 83 | | | | |
| 10 | | | | | | | | | |
| | | | | | 84 | City | EI 85 Zip Code | | |
| SIGNATUF E | Signature, typed or printed name of registered age | | | | l Agen | nt signature requir | ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| 12. | OFFICERS AN | II) DIRE | CTORS DELETE | 13. | 7) - | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PVT CHARLES E | | ☐ DETE IE | 1.1 TI 1.2 N | | | | | |
| NAME . | SODERQUIST, CHARLES E. 3194 S. MCCALL ROAD | | | | | T ADDRESS 3 | 195 S. McCALL RUAD | | |
| STREET ADDRESS | ENGLEWOOD FL 34224 | | | | | ì | | | |
| CITY-ST-ZIP TITLE | ENGLEWOOD FL 34224 | | ☐ DELETE | 2.1 Ti | _ | 1-217 | OIRE TOR. Change Addition RANICZ ROBER: T. | | |
| NAME | | | | 2.2 N | | يار ا | RANICZ ROBERT T. | | |
| | | | | | | T ADDRESS | 195 S. McCALL RO. | | |
| STREET ADDRESS | · | | | | | ST-ZIP | ENGLEWOOD, FL 34224 | | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 31TI | | .= | ☐ Change ☐ Addition | | |
| NAME | | | | 32 N | AME | | | | |
| STREET ADDRESS | | | | 338 | TREET | T ADDRESS | | | |
| CITY-ST-ZIP | | | | 34.0 | HTY-S | ST-ZIP | | | |
| TITLE | | | ☐ DELETE | 4.1 ∏ | TLE | | ☐ Change ☐ Addition | | |
| NAME | | | | 4.21 | IAME | | | | |
| STREET ADDRESS | s | | | 4.3 S | TREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 C | iTY-\$ | iT-ZiP | | | |
| TITLE | | | ☐ DELETE | 5.1 TI | | | ☐ Change ☐ Addition | | |
| NAME | | | | 5.2 N | | | | | |
| STREET ADDR :SS | 5 | | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | | | | ST-ZIP | | | |
| TITLE | | | ☐ DELETE | 6.1 T | | | ☐ Change ☐ Addition | | |
| NAME | | | | 6.2 N | | | | | |
| | , l | | | ■ 63 S | TREE" | TADDRESS | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further sertify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signa ure shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver at the lee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, or on an attacament with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: